

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24	1					
25						
26						
27						
28						
29						
30						
31	1					
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL INO.	4					
TOTAL DEP.	35					
TOTAL	39					

	INO.	DEP.	INO.	DEP.	INO.	DEP.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL INO.						
TOTAL DEP.						
TOTAL						

BEST AVAILABLE COPY